



0557-1004

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Mail Stop Issue Fee

Pierre MESTRE

Confirmation No. 5033

Serial No. 09/973,060

Filed October 10, 2001

Title PROCESS AND DEVICE FOR TRANSLATION

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The attached Supplemental Application Data Sheet is being submitted to update the inventor's address and the Attorney Docket Number contained in the Application Data Sheet originally filed.

Respectfully submitted,

YOUNG & THOMPSON

By

Benoit Castel, #35,041
Attorney for Applicants
745 South 23rd Street
Arlington, Virginia 22202
(703) 521-2297

September 26, 2005

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Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: PROCESS AND DEVICE FOR
TRANSLATION
Attorney Docket Number:: ~~MESTRE-1~~ 0557-1004
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

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Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PIERRE
Middle Name::
Family Name:: MESTRE
Name Suffix::
City of Residence:: CASTELNAU-LE-LEZ
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing ~~415 CHEMIN DES COCCINELLES~~ DOMAINE DE
Address:: VERCHANT
City of Mailing Address:: CASTELNAU-LE-LEZ
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-34170

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 08713	6/28/01	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

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